

From Simple Painkiller to an TNF-Alpha Inhibitor and Back Again or Doing Less is Always More in Geriatrics

Leners JC*

Department of Geriatrician, LTCF, Luxembourg

***Corresponding author:**

Jean-Claude Leners,
Department of Geriatrician, LTCF,
Luxembourg, E-mail: lenersj@pt.lu

Received: 11 Dec 2020

Accepted: 29 Dec 2020

Published: 06 Jan 2021

Copyright:

©2021 Leners JC et al., This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Citation:

Leners JC. From Simple Painkiller to an TNF-Alpha Inhibitor and Back Again or Doing Less is Always More in Geriatrics. Annals of Clinical and Medical Case Reports. 2021; V5(6): 1-1.

1. Case Study

- A) 81 y old male in LTCF with primary learning disability and cervico-dorso-lombarthrosis treated by WHO level 1 painkiller
- B) During the absence of the GP, the patient was addressed to a rheumatologist for his known pain: after 3 consultations with blood tests and Rx (all negative!!), an hypothetical diagnosis of rheumatoid disease was evoked.... (Eular test: 2 pts!!)
- C) Over 6 months the medications were increased: corticoids(prednisone); ledertrexate: with no better results (VAS 3-4/10 max!), mainly because the patient was focused on painkiller even when he had difficulties to express the symptoms and was still rather autonomous
- D) A last step of therapeutic escalation was the introduction (due to? poor communication of the patient and language barrier between both!) of an TNFalpha inhibitor (Enbrel 50 mg 1/week SC)
- E) After 6 months, with regular blood testing, an urgent call for visiting the patient indicated: fever, numerous buccal aphthous lesions and bronchopneumonia associated to diarrhea. Labor results: pancytopenia with leukopenia 1.3 giga/l; neutrophils at 0.38 giga/l; Hb at 9.8 g/dl and thrombopenia at 39 giga/l
- F) Urgent treatment plan: isolation of the patient immediate stop of Enbrel double antibiotic treatment every 2d day: blood test Patient recovered status quo ante in 1 month!!

2. Conclusions and lessons learned: Patient's symptoms have been correlated to complementary investigations Patients with LD should be accompanied Medical escalation has to be questioned, but the most important: Less is More in Geriatrics